

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044160

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5899

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1

23 8 78

3

4

5

6

7

8

9332X

10

11

12 67-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF John B. Justus MEDICAL CERTIFICATION

FILED NOV 21 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 6721 Paseo	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE THERESA MURPHY		4. DATE OF DEATH Month Day Year October 28, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1897
9. AGE (last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME William E. Kathrens	
14. MOTHER'S MAIDEN NAME Anna Marie Zang		15. NAME OF HUSBAND OR WIFE Francis F. Murphy	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular thrombosis DUE TO (b) Cerebral arteriosclerotic vas. disease DUE TO (c) [REDACTED]		19. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION COUNTY STATE		
27. I attended the deceased from 1961 to Oct. 28, 63 and last saw him alive on 10-28-63		28. Death occurred at 10:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
29. SIGNATURE John B. Justus M.D. (Degree or title)		30. ADDRESS 4620 Nichols Pkwy E.C. MO	
31. DATE 10-31-63		32. DATE SIGNED 10-29-63	
33. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		34. LOCATION (City, town, or county) (State) Kansas City, Missouri	
35. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 20 W. Linwood		36. DATE RECD. BY LOCAL REG. 10-30-63	
37. REGISTRAR'S SIGNATURE Bessie Smith			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. John Justus
4620 J. C. Nichols
Je 1-1500

Tues: 1:00 to 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Hayd L. Dickmon

Licensed Embalmer No. 5120

P. O. Address K.C. 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.